

**CITY OF SOUTH BAY  
OCCUPATIONAL LICENSE / PERMIT APPLICATION**

Trade \_\_\_\_\_

Name of Owner \_\_\_\_\_

Date of Birth \_\_\_\_\_

Location of Business \_\_\_\_\_

Mailing Address \_\_\_\_\_

Full Name of Business \_\_\_\_\_

If license tax is based on stock in trade, number of rooms, seats, vehicles, etc., state such information.

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If this information is not in the personal knowledge of the tax collector, no license shall be issued until the applicant has filed with the tax collector and has an affidavit setting out these facts.

SWORN TO ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

NOTARY PUBLIC \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
TITLE

If a firm, the name of all members of the firm, if a corporation, the names of all officers of the corporation.

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**OFFICIAL USE ONLY**

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1.     Approved as to Police Regulations on \_\_\_\_\_  
       Disapproved due to \_\_\_\_\_ By \_\_\_\_\_
2.     Approved as to Sanitation Regulations on \_\_\_\_\_  
       Disapproved due to \_\_\_\_\_ By \_\_\_\_\_
3.     Approved as to Fire Regulations on \_\_\_\_\_  
       Disapproved due to \_\_\_\_\_ By \_\_\_\_\_
4.     Approved as to Building & Zoning Regulations on \_\_\_\_\_  
       Disapproved due to \_\_\_\_\_ By \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OCCUPATIONAL LICENSE / PERMIT APPLICATION  
POLICE CHECK

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Owner - Name: \_\_\_\_\_ D.O.B. : \_\_\_\_\_ Sex \_\_\_\_\_ Rac \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Proof of insurance: \_\_\_\_\_

Vehicle (if applicable): \_\_\_\_\_

Appropriate License(s): \_\_\_\_\_

Alcohol on Premises: yes \_\_\_\_\_ no \_\_\_\_\_

Manager/Operator:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Rac: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

2<sup>nd</sup> Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

3<sup>rd</sup> Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

4<sup>th</sup> Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Alarm Company:

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

.....  
OFFICIAL USE ONLY  
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NCIC/FCIC & Palms (check on owner): \_\_\_\_\_

NCIC/FCIC & Palms (check on operator): \_\_\_\_\_

\_\_\_\_\_  
Officers Signature

\_\_\_\_\_  
I.D. Number

\_\_\_\_\_  
Date